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PTO/SB/31 (09-04)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 019281-000800US	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, MAIL STOP: AF, Fax No. (703) 872-8306		In re Application of John J. Sie et al.	
on <u>November 30, 2004</u>		Application Number 09/687,157	Filed October 12, 2000
Signature <u>[Signature]</u>		For LOCAL STORAGE OF PROGRAMS	
Typed or printed name <u>Cindy Bennett</u>		Art Unit 2124	Examiner Khatri, Anil
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>340</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>43,616</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> <div style="text-align: right; margin-top: 20px;"> <p><u>[Signature]</u> Signature</p> <p><u>Thomas D. Franklin</u> Reg. No. 43,616 Typed or printed name</p> <p><u>(303) 571-4000</u> Telephone number</p> <p><u>November 30, 2004</u> Date</p> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<input type="checkbox"/> *Total of _____ forms are submitted.			

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